

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
8			/			
9			/			
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45						
46			27			
47			27			
48			16			
49			16			
50			16			
TOTAL IND.			15			
TOTAL DEP.			122			
TOTAL CLAIMS			137			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					14	
52					10	
53					5	
54					5	
55					5	
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99						
100						
TOTAL IND.					0	
TOTAL DEP.					41	
TOTAL CLAIMS			24			